MISSOURI STATE BOARD OF HEALTH Do not use this space. CTLY. PHYSICIANS should state f OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 26758 1. PLACE OF DEATH **~** Registration District No..... rimary Registration District Registered No. 60 RECORD Residence, No.. (Usual place of abode (If nonresident, give city of town and State) Length of residence in city or town where death occurred How long in U. S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 19 3 V 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word). LHEREBY That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** should be (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS LESS than 1 . AGE day,hrs. Date of onse 8. Trade, profession, or particular kind of work done, as spinner. supplied. sawyer, bookkeeper, etc...... 9. Industry or business in which work was done, as silk mill saw mill, bank, etc..... carefully N. B.—Every item of information should be carefully CAUSE OF DEATH in plain terms, so that it may be 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this Other contributory causes of importantes: year)..... occupation.. 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 0 13. NAME 14. BIRTHPLACE (CITY OR TOWN). What test confirmed diagnosis? Was there an autopsy?.. (STATE OR COUNTRY 23. If death was due to external causes (violence), fill in also the following: Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury..... Was disease or injury in any way related to occupation of deceased If so, specify..... (ADDRESS) Registrar.

